

STORK CLUB MEMBERSHIP APPLICATION

Please provide the following information. Responses should be printed or preferably typed then mailed to:

Awards Committee
DHS/Fire & Building Safety/EMS
302 W. Washington St. Rm. E241
Indianapolis, IN 46204

CANDIDATE

CERT LEVEL	CERT NO.
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HOME ADDRESS

CITY	STATE, ZIP
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SSN	HOME PHONE NO.
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PROVIDER AFFILIATION

PROVIDER ADDRESS

CITY	STATE, ZIP
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PROVIDER PHONE NO.

PERSON COMPLETING APPLICATION

TITLE	PHONE NO.
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INFANTS DATE OF BIRTH	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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ATTACH RUN REPORT AND ANY NEWSPAPER ARTICLES
RELATING TO THE DELIVERY.

REVISED 2005